

Effective October 1, 2000

Application or Docket Number

69764247

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			29 minus 20=		. 9			X\$ 9=	1	OR	X\$18=	162
INDEPENDENT CLAIMS			e mir	nus 3 =	*			X40=	/	OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=	,	OR	+270=	
* If the difference in column 1 is less t				ss than zero, enter "0" in column 2			l	TOTAL	/	OR	TOTAL	877
CLAIMS AS AMENDED - PART II								OTHER THAN				
		(Column 1)		(Colu		(Column 3) SMAL				OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDEN				T CLAIM		J	.105		1	. 270-	
								+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	1		mn 2) HEST	(Column 3))					
AMENDMENT B		REMAINING AFTER AMENDMENT		NUN PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	1	X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM			+135=		OR	+270=	
						•	1	TOTAL		OR	TOTAL	
		(Column 1)		(Colu	mn 2) .	'. (Column 3)		ADDIT. FEE			ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	11			1	——	
	FIRST PRESENTATION OF MULT		IULTIPLE DEI	TIPLE DEPENDENT		CLAIM		X40=		OR	X80=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135=		OR	+270=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nber Previously Pa						und in the app	propriate bo	x in co	olumn 1.	